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**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**

Applicant(s): Toshiaki HIRAKI, et al.

Docket No.

L9289.04165

Application No.

10/510,350

Filing Date

April 6, 2005

Examiner

C. Britt

Group Art Unit

2138

Invention: RECEPTION APPARATUS AND RECEPTION METHOD

I hereby certify that this Supplemental Amendment, Summary of Substance of Telephone Interview, Amnd. Trans  
*(Identify type of correspondence)*

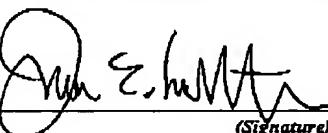
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300)

on September 20, 2006

*(Date)*

James E. Ledbetter

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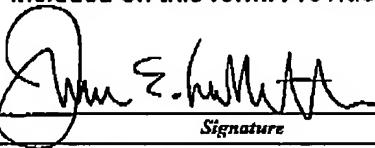


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P18/REV02

SEP 20 2006

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): Toshiaki HIRAKI, et al.				Docket No. <b>L9289.04165</b>	
Application No. <b>10/510,350</b>	Filing Date <b>April 6, 2005</b>	Examiner <b>C. Britt</b>	Customer No. <b>52989</b>	Group Art Unit <b>2138</b>	Confirmation No. <b>8382</b>
<b>Invention: RECEPTION APPARATUS AND RECEPTION METHOD</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-4375</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 <i>James E. Ledbetter</i> <i>Signature</i>					
<b>Dated: September 20, 2006</b>					
<p>James E. Ledbetter, Esq. Registration No. 28,732 Stevens, Davis, Miller &amp; Mosher, LLP 1615 L Street, N.W., Suite 850 Washington, DC 20036 Tel: 202-785-0100 Fax: 202-408-5200</p>					
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p> <p>(Date) _____</p>					
<i>Signature of Person Mailing Correspondence</i>					
<i>Typed or Printed Name of Person Mailing Correspondence</i>					

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Inventors: Toshiaki HIRAKI, et al.

Application No.: 10/510,350

Filed: October 6, 2004

For: RECEPTION APPARATUS AND RECEPTION METHOD

SUPPLEMENTAL AMENDMENT AND  
SUMMARY OF SUBSTANCE OF TELEPHONE INTERVIEWHonorable Commissioner of  
Patents and Trademarks  
Washington, DC 20231

Sir:

In response to the office action of May 31, 2006, please  
amend the above-captioned application as follows: